

TASC

Technical Assistance and Services Center

Flex Program Hour Highlights

Date: March 22, 2000

Topic: Community Development

Facilitator: Jim Przybilla, Southwest Idaho Community Health Network

*Technical Advisors: Dr. Forrest Calico, Senior Advisor, Office of Rural Health Policy
Paul Moore, Administrator, Atoka Memorial Hospital*

Jim Przybilla opened the meeting by facilitating a discussion on the definition of community development. The group identified the following language used within the definition as it pertains to the Flex Program:

- Increasing quality of life within communities
- Affecting economic impact by quantity of effort
- Strengthening the community by building a sense of community
- Willingness to take risks
- Working toward a common goal

Dr. Forrest Calico, Senior Advisor at the Office of Rural Health Policy (301-443-0835 or fcalico@hrsa.gov), shared his experiences in Harlan County, Kentucky a few years ago in which he was instrumental in the community development process. Harlan County had a very low population and a very high poverty level. The healthcare infrastructure had lost its connection to the community and sought to regain that connection as a foundation to ensure the healthcare system would survive after clinics started to close and out-migration increased. They proceeded to get the qualitative and quantitative information they needed to chart their course. Town meetings, surveys, and focus groups were organized where EMS, prevention and other issues were addressed. Task forces addressed the priorities and “community encouragers” sustained community engagement. Careful planning went into making sure there was no perception of control by the providers. Community members began to realize they had a say in what their healthcare system would look like and, therefore, social capital was built. The results have been an improved image of quality, greater utilization of the local facilities, and increased profitability. And, there is ongoing reassessment and evaluation to improve what was started.

Paul Moore, Administrator at Atoka Memorial Hospital in Oklahoma (580-889-3333 or pcm@atoka.net), talked about his experiences with CAH and the Rural Health Works program. Before converting to a critical access hospital, Atoka Memorial was struggling to survive, and creating a perception of positive change was very important in getting their community’s support of the conversion. The Rural Health Works program helped them look at the economic impact that local healthcare had in the community. They communicated to key community members that keeping healthcare dollars “at home” ensured people kept jobs in those facilities as well as surrounding businesses. The CAH conversion gave Atoka Memorial a tool to communicate with its community and find its shared vision for the future.

The group identified possible barriers to community development process, noting that anticipating barriers provides an opportunity to overcome them:

- Leadership: When influential community leaders don't buy into the full potential of a suggested change, they will dissuade others from being supportive.
- Apathy: Finding a few key individuals who are upset and can make a contribution is a way to get started when faced with community indifference. The process will snowball from there.
- Turf: If controlling community members are threatened by territorial issues, community pressure will often persuade them to change their behavior.
- Consensus: You don't always have to have a consensus to make decisions, you just have to know the direction to move in.

Roberto Anson from the Office of Rural Health Policy noted that the Flex Program is a door opener leading to community development. Expectations may be limited, but the journey can begin here.